Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                |              |                                  |                   |                | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|---|---|----------------|--------------|----------------------------------|-------------------|----------------|-------------------|------------------------|----|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | 26             |              |                                  | Mary 1            | RAT            | Ξ                 | FEE                    |    | RATE                          | FEE                    |  |
| FOR  |   |   | NUMBER FILED   |              | NUMBER EXTRA                     |                   | BASIC          | FEE               | 355.00                 | OR | BASIC FEE                     | 710.00                 |  |
| то   | TAL CHARGEAE  | BLE CLAIMS                                | 26 minus 20=   |              | . 6                              |                   | X\$ 9          | =                 |                        | OR | X\$18=                        | M.r                    |  |
| IND  | EPENDENT CL   | AIMS                                      | 2 m            | inus 3 =     | · P                              |                   | X40            | =                 |                        | OR | X80=                          | $w_{\nu}$              |  |
| ΜU   | LTIPLE DEPENI   | DENT CLAIM PI                             | RESENT         |              |                                  |                   | +135           | =                 |                        | OR | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                |              |                                  |                   | TOTA           | ۱L                |                        | OR | TOTAL                         | 818                    |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |   |                |              |                                  |                   | SMALL ENTITY O |                   |                        | OR | OTHER THAN OR SMALL ENTITY    |                        |  |
|  | 4.055   | (Column 1)<br>CLAIMS                      |                |              | mn 2)<br>HEST                    | (Column 3)        |                | _                 |                        | i  |                               | ADDI-                  |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVI | MBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA  | RAT            | E                 | ADDI-<br>TIONAL<br>FEE |    | RATE                          | TIONAL<br>FEE          |  |
|  | Total   | •   | Minus          | **           |                                  | =                 | X\$ 9          | )=                |                        | OR | X\$18=                        |                        |  |
|  | Independent   | *   | Minus          | ***          | T 01 A184                        | =                 | X40            | =                 | . 14                   | OR | X80=                          | 4                      |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |              |                                  |                   |                |                   |                        | OR | +270=                         |                        |  |
|  |   |   |                |              |                                  |                   |                | TAL.              |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                |              |                                  |                   |                |                   |                        |    |                               |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | A              | NUM<br>PREV  | HEST<br>MBER<br>HOUSLY<br>D FOR  | PRESENT<br>EXTRA  | RAT            | <b>E</b> .        | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   |   | Minus          | **           | :                                | =                 | X\$ 9          | ) <b>=</b>        |                        | OR | X\$18=                        |                        |  |
|  | Independent   | •   | Minus          | ***          | T OL AID                         | =                 | X40            | =                 |                        | OR | X80=                          |                        |  |
| -  | FIRST PRESE   | NTATION OF M                              | OLTIPLE DE     | PENDEN       | II CLAIM                         |                   | +135           |                   | प्रकासिकाली            | OR | +270=                         |                        |  |
|  |   |   | *              |              |                                  |                   | TC<br>ADDIT.   | TAL               |                        | OR | TOTAL<br>ADDIT. FEE           | .,5                    |  |
| 41.  |   | (Column 3)                                |                |              |                                  |                   |                |                   |                        |    |                               |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | PREV         | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA  | RAT            | Ê                 | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   |   | Minus          | **           |                                  | =                 | X\$ 9          | )=                |                        | OR | X\$18=                        | j.                     |  |
|  | Independent   | • 4                                       | Minus          | ***          | UT OLA!                          | =                 | X40            | )=                | t e                    | OR | X80=                          |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |              |                                  |                   | +13            | <br>5=            |                        | OR |                               |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                |              |                                  |                   |                |                   | h.                     | OR | TOTAL                         |                        |  |
|  | if the "Highest Nu<br>The "Highest Nur"   | imber Previously                          | Paid For" IN T | HIS SPACE    | E is less t                      | nan 3. enter "3." |                |                   |                        |    | AUUII. TEI                    |                        |  |